The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

September 10, 2018

VIA ELECTRONIC SUBMISSION

United States Federal Communications Commission
Wireline Competition Bureau
Washington, D.C. 20554

Re: Docket No. WC Docket No. 18-213; NOI; In the Matter of Promoting Telehealth for Low-Income Consumers

To Chairman Pai and Commissioners O'Reilly, Carr, and Rosenworcel:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), representing more than 58,000 physicians and partners in women's health, thank you for the opportunity to submit comments in response to the August 3, 2018 Notice of Inquiry (NOI) regarding pilot programs to promote telehealth for low-income consumers (Connected Care).

More women in the United States die from pregnancy complications than in any other developed country, and the rate of maternal deaths continues to rise.[i] Women of color and women in living in rural areas are disproportionately impacted by this disturbing trend.[ii]

The United States is also facing a significant maternity care shortage. 9.5 million women live in a county without access to an ob-gyn.[iii] From 2010 – 2014, nearly 10 percent of rural hospitals closed labor and delivery units.[iv] Telehealth has tremendous potential to address both maternal mortality and maternity care shortages by improving access and address fragmentation in care.[v]

We applaud your focus on women with high-risk pregnancies in the NOI. We urge the Commission to expand upon that focus to address maternal and women's health more broadly, while addressing the complexities of telehealth delivery for physicians caring for low-income women in underserved areas. In our comments below, we encourage the Commission to develop the Connected Care program while incorporating the following considerations:

Use Established Terminology to Define Underserved Areas

ACOG urges the Commission use established definitions to determine an underserved area for the Connected Care program. Low-income women in rural areas experience barriers to health care delivery including provider shortages, travel distances, and other circumstances. Low-income women in non-rural areas may face similar barriers, including lack of providers, work

and caregiving responsibilities, and inadequate public transportation.[vi] Low-income women in both rural and non-rural areas could benefit from expanded telehealth options.

The Health Resources and Services Administration (HRSA) uses criteria to designate Medically Underserved Areas (MUAs) and Health Provider Shortage Areas (HPSAs) that include both rural and non-rural areas. We recommend referring to these definitions to define the reach of Connected Care programs.

Focus on Pregnant Women While Expanding Access to Preventive Services

ACOG applauds the Commission for its focus on addressing high-risk pregnancy in low-income women in underserved areas. We recommend that as the Commission designs pilot programs, it prioritizes pregnant women, including women with both high- and low-risk pregnancies. Expanding the use of telemedicine for prenatal care, labor and delivery services, and postpartum care could have significant benefits for low-income pregnant women in underserved areas.

The use of ultrasound consultations and connection to large medical centers with expertise in treating obstetric emergencies can help improve care for women with high-risk pregnancies. In Arkansas and Texas, women with high-risk pregnancies are connected with specialists across the state for videoconference ultrasound consultations and other prenatal consultation services.[vii] Connected Care could evaluate opportunities for women with low-risk pregnancies in underserved areas to work remotely with physicians or other maternity care providers to track their blood pressure and heart rate with equipment provided by their health care facility.[viii] The Mayo Clinic in Rochester, Minnesota administers a program called OB Nest that could serve as a model.

The Commission could also incorporate postpartum care when developing the Connected Care program. The weeks following birth are critical period for a woman and her infant, setting the stage for long-term health and well-being. To optimize the health of women and infants, postpartum care should be an ongoing process with services and support tailored to each woman's individual needs.[ix] Postpartum visits need not occur in-person, and for low-income women in underserved areas, the benefits of a remote postpartum visit with their physician may significantly outweigh the burden of traveling to and attending an office visit with a baby.[x]

While opportunities to provide care for pregnant women in underserved areas is critical, Connected Care also presents an opportunity to expand access preventive women's health services. Women in underserved areas experience a wide range of health disparities outside of pregnancy. Women in rural areas are less likely to receive recommended preventive services including breast and cervical cancer screenings and contraceptive counseling.[xi] We encourage the Commission to consider expanding access to these and other recommended preventive services for women through the Connected Care program.

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Consider Credentialing, Licensure, and Liability

ACOG encourages the Commission to consider provider credentialing and licensure related to providing telehealth services for pregnant women. Use of technology, including telehealth, to monitor high-risk patients may require virtual access to a multitude of specialists and subspecialists. When incorporated correctly, full use of all health care providers has been shown to improve outcomes and reduce costs in the health care system.[xii] However state and federal laws differ in terms of regulating licensure and credentialing for administration of telehealth services by qualified providers. Single-state licensure systems can be cumbersome, expensive, and act as a deterrent to the practice of telemedicine across state lines. We urge the Commission to develop the Connected Care program in a way that addresses these barriers and expands access to needed care.

Because of the ever-changing nature of telehealth and inconsistencies in state and federal law, concern over liability protections can disincentivize physicians from participating in telehealth programs. Some state laws address those concerns, but more must be done to address medical liability concerns. An Oregon law, for example, assists obstetricians practicing in rural areas with medical liability insurance,[xiii] encouraging continuation of maternity care in rural areas. We encourage the Commission to fully consider and address these real liability concerns of physicians, particularly those providing maternity care, when developing the Connected Care program.

Address Privacy Concerns

We urge the Commission to ensure privacy is upheld and valued. Patient engagement tools, for example, while improving patient involvement and expanding access, also introduce reliability concerns regarding data, including the risk of the patient record becoming vulnerable to the invasion of privacy.[xiv] We urge the Commission to consider ways to ensure privacy and protection of patient information is upheld.

Promote Interagency Cooperation to Improve Data Collection and Address Reimbursement

We encourage the Commission to continue working with other federal agencies to tackle interagency challenges related to telehealth.

While we are very optimistic about the potential of the Connected Care program to expand access to women in underserved areas, we acknowledge the need for better data to ensure effective outcomes. We urge the Commission to work with other federal agencies, including HRSA, to improve data collection for health-related databases and their analyses to ensure improved understanding of rural-urban health disparities among women.[xv] We also encourage the Commission to work with HRSA to identify maternity care shortage areas based on provider types, geographic regions, and population characteristics.

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Reimbursement for telehealth services is another area where interagency collaboration is needed. ACOG urges the Commission to continue its work with Health and Human Services (HHS), specifically the Centers for Medicare and Medicaid Services (CMS), to address reimbursement for telehealth services, particularly for maternity care and women's preventive services.

Thank you for your consideration of these comments. We welcome the opportunity to provide additional assistance or expertise. If we may provide further assistance, please contact Rebecca Nathanson, ACOG Federal Affairs Manager, at rnathanson@acog.org or 202-314-2322.

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